## PATENT APPLICATION FEE DETERMINATION RECORD Eff clive D cember 8, 2004

Application or Docket Number

_		<del></del>									<del></del>	
CLAIMS AS FILED - PART I								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
<u> </u>		<del></del>	(Column	1)	(Co	olumn 2)	1 <i>-</i>			UR I	JWWALL E	
U.S. NATIONAL STAGE FEES								RATE	FEE	.	RATE	FEE
BASIC FEE			SMALL ENT.	LARGE	ENT. = \$ 300	ŀŀ	BASIC FEE	150	OŖ	BASICHEE		
EXAMINATION FEE			(4) = \$50/\$100			r altuations = 00 / \$ 200		BARRES	100		WAR B	
SEARCH FEE			U.S. Is ISA = \$ ALL other cour \$ 200 / \$ 4		r situations = 50 / \$ 500		SEARCH FEE	250		SEARCH FEE		
FEE FOR EXTRA SPEC. PGS.			minu		/ 50 =		X\$ 125 =			X \$ 250 =		
TOTAL CHARGEABLE CLAIMS			2 minus 20 = .			1		X\$25=	25	OR.	X \$ 50 =	
INDEPENDENT CLAIMS			2 minus 3 = .			/ <sub>.</sub>		x\$100 =		OR	X \$ 200 =	
MUL	TIPLE DEPEN	DENT CLAIM PRI	ESENT					+\$ 180 =		OR	+\$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						mn 2	- <b>1</b>	TOTAL		OR	TOTAL	
1-24-65												:
CLAIMS AS AMENDED - PART II							•	SMALL ENTITY			OTHER THAN	
	·	(Column 1)	<del></del>	(Column		(Column 3)	) P	OIRALL E	<del> </del>	OR I I	SMALLE	
TA.	,	REMAINING AFTER AMENDMENT	.	NUMBE PREVIOUS PAID FO	R	PRESENT .		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.21	Minus	-21		1		X \$ 25 =	: /	OR	X \$ 50 =	
AMEN	Independent	• 5	Minus	··· 3	-	· · ].		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT.	1	OR	TOTAL ADDIT	
							:		· · · · ·			
		(Column 1)	<u> </u>	(Column		(Column 3)						
4TB	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOUS PAID FO	R	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
IDMENT	Total	•	Minus	**	=		1	X \$ 25 =	·.	OR	X \$ 50 =	
AMEND	Independent	•	Minus ·	***				X \$ 100 =		OR	X \$ 200 =	
_	FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT CL	AIM			+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	YOTAL ADDIT. FEE	
	. •	•	. •			•		[		-	· <del></del> [	
		• •					•				•	
		ımn 1 is less than the										•
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".												
		nber Previously Paid					l in the	appropriate box	t in column 1.			_

FORM PTO-875 (Rev. 02/2005)

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C. Buet